

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: A DEVICE FOR ANASTOMOSIS  
Attorney Docket Number:: 2541-1025  
Request for Early  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GIOACCHINO  
Middle Name::  
Family Name:: COPPI  
Name Suffix::  
City of Residence:: MODENA  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA ALZAIA, 40/2  
Address::  
City of Mailing Address:: MODENA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-41100

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT03/00741	11/14/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MO2002A000337	11/21/02	Yes

**Assignment Information**

Assignee Name:: G.A.M.A.-H.S. S.R.L.

Street of Mailing VIA APOSAZZA 2

Address::

City of Mailing Address:: BOLOGNA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-40128